

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U.S. DEPT. OF INTERIOR U.S. FISH
AND WILDLIFE SERVICEADDRESS Leavenworth National Fish Hatchery
12790 Fish Hatchery Rd
Leavenworth, WA 98826FACILITY
LOCATION Leavenworth, WANATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA-000190-2

PERMIT NUMBER

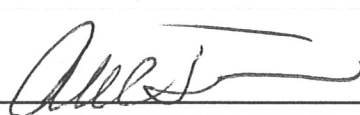
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
FROM 12	9	1	TO	12	9	30

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	26.8	26.8	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<1	<1	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	1.4	2	MG/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/Week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH							509	548-7641	12	9	30
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.

		SUSPENDED					SETTLEABLE						
DATE	Sept '12 Location	SAMPLE VOLUME	COMP SAMPLE	TSS	NET DIFF MG/L	RELEASE TSS	NET SAMPLE CONC ML/L	RELEASE SETT.	WASTE KG/D	TOTAL FLOW MG/D	PONDS IN USE	GPM	
	WEEK 1										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S TOTAL GPM ¹	Reuse	
	INTAKE ICICLE	1000 ml	<1				<0.1		<1	26.8128		10080	
	OUTSIDE SC CANAL DISCHARGE	1000 ml										8400	
	UNDER BRIDGE DISCHARGE		<1									140	
	PA POND DISCHARGE	1000ml					<0.1					0	
	WEEK 2										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S TOTAL GPM ¹	Reuse	
	INTAKE ICICLE	1000 ml		<1			<0.1			26.8128		10080	
	OUTSIDE SC CANAL DISCHARGE	1000ml										8400	
	UNDER BRIDGE DISCHARGE	1000ml					<0.1					140	
	PA POND DISCHARGE	1000 ml		2			<0.1					0	
	WEEK 3										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S TOTAL GPM ¹	Reuse	
	INTAKE ICICLE	1000 ml		<1			<0.1			26.8128		10080	
	OUTSIDE SC CANAL DISCHARGE											8400	
	UNDER BRIDGE DISCHARGE						<0.1					140	
	PA POND DISCHARGE	1000 ml		1.6			<0.1					0	
	WEEK 4										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S TOTAL GPM ¹	Reuse	
	INTAKE ICICLE	1000 ml					<0.1			26.8128		10080	
	OUTSIDE SC CANAL DISCHARGE	1000ml										8400	
	UNDER BRIDGE DISCHARGE	1000 ml					<0.1					140	
	PA POND DISCHARGE	1000 ml					<0.1					0	
	RELEASE/DRAWDOWN										TOTAL GPM ¹	18620	
	ADULT POND	1000 ml											
	L 8x80 RACEWAYS	1000ml											
	10x100 RACEWAYS	1000ml											
	COHO FL's	1000 ml											

*When values are presented, the flow is in GPM

*When values are preceeded by the "less than" symbol, I used the reported value in the calculation then added the (<) to the left of the calculated value

¹This amount includes well water

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WA-000190-2

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
12	8	1	12	8	31

FROM

TO

NOTE: Read instructions before completing this form.

Form Ap. d.
OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	26.6	26.6	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<1	<1	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	0.1	N/A				2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	1.35	1.7	MG/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	15*				2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	0.2				1/Week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE				
Al Jensen Hatchery Manager, LNFH					509	548-7641	12	8	31		
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.

SUSPENDED													SETTLEABLE		
	Aug `12	SAMPLE	COMP	TSS	NET DIFF	RELEASE	NET SAMPLE	RELEASE	WASTE	TOTAL FLOW	PONDS IN USE	GPM			
DATE	Location	VOLUME	SAMPLE		MG/L	TSS	CONC ML/L	SETT.	KG/D	MG/D					
	WEEK 1										ADULT POND	Reuse			
	INTAKE ICICLE	1000 ml	1.7		-0.5		<0.1		-50.358	26.6112	10 X 100'S	10080			
	OUTSIDE SC CANAL DISCHARGE	1000 ml									8 X 80'S	8400			
	UNDER BRIDGE DISCHARGE	1000 ml	1.2								NURSERY	0			
	PA POND DISCHARGE	1000ml					<0.1				Trout Pond / FL'S	0			
											TOTAL GPM ¹	18480			
12/14/2011	WEEK 2										ADULT POND	Reuse			
	INTAKE ICICLE	1000 ml		1.1			<0.1			26.6112	10 X 100'S	10080			
	OUTSIDE SC CANAL DISCHARGE										8 X 80'S	8400			
	UNDER BRIDGE DISCHARGE	1000ml					<0.1				NURSERY	0			
	PA POND DISCHARGE	1000 ml		1.7			<0.1				Trout Pond / FL'S	0			
											TOTAL GPM ¹	18480			
12/20/2011	WEEK 3										ADULT POND	Reuse			
	INTAKE ICICLE	1000 ml		1.1			<0.1			26.6112	10 X 100'S	10080			
	OUTSIDE SC CANAL DISCHARGE										8 X 80'S	8400			
	UNDER BRIDGE DISCHARGE										NURSERY	0			
	PA POND DISCHARGE	1000 ml		<1			<0.1				Trout Pond / FL'S	0			
											TOTAL GPM ¹	18480			
	WEEK 4										ADULT POND	Reuse			
	INTAKE ICICLE	1000 ml					<0.1			26.6112	10 X 100'S	10080			
	OUTSIDE SC CANAL DISCHARGE										8 X 80'S	8400			
	UNDER BRIDGE DISCHARGE	1000 ml					<0.1				NURSERY	0			
	PA POND DISCHARGE	1000 ml					<0.1				Trout Pond / FL'S	0			
	WEEK 5										TOTAL GPM ¹	18480			
	INTAKE ICICLE	1000 ml					<0.1			26.6112	ADULT POND	Reuse			
	PA POND DISCHARGE	1000 ml					<0.1				10 X 100'S	10080			
	RELEASE/DRAWDOWN										8 X 80'S	8400			
	ADULT POND	1000 ml									NURSERY	0			
	L 8x80 RACEWAYS	1000ml									Trout Pond / FL'S	0			
	10x100 RACEWAYS	1000ml									TOTAL GPM ¹	18480			
	COHO FL's	1000 ml													

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¹This amount includes well water

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WA-000190-2

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
12	7	1		12	7	31

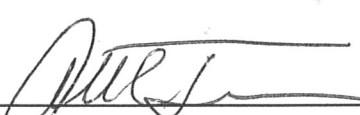
FROM

TO

OCT 15 2012

U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENTForm Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	29	29	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	N/A		Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	NA	NA	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A		1/Month	Comp.	
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	0.1	N/A			2/Month	Grab	
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	1.6	2.2	MG/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	15*			2/Month	Grab	
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	0.2			1/Week	Grab	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH							509	548-7641	12	7	31
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.

		SUSPENDED					SETTLEABLE						
DATE	Location	SAMPLE VOLUME	COMP SAMPLE	TSS	NET DIFF MG/L	RELEASE TSS	NET SAMPLE CONC ML/L	RELEASE SETT.	WASTE KG/D	TOTAL FLOW MG/D	PONDS IN USE	GPM	
	WEEK 1										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S	Reuse	
	INTAKE ICICLE	1000 ml	NA	1.3			<0.1		NA	20.448		7000	
	OUTSIDE SC CANAL DISCHARGE	1000 ml										7200	
	UNDER BRIDGE DISCHARGE		NA				<0.1					0	
	PA POND DISCHARGE	1000ml		2.2			<0.1					0	
											TOTAL GPM ¹	14200	
12/14/2011	WEEK 2										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S	Reuse	
	INTAKE ICICLE	1000 ml		NA			<0.1			20.448		7000	
	OUTSIDE SC CANAL DISCHARGE	1000ml										7200	
	UNDER BRIDGE DISCHARGE	1000ml					<0.1					0	
	PA POND DISCHARGE	1000 ml		NA			<0.1					0	
											TOTAL GPM ¹	14200	
12/20/2011	WEEK 3										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S	Reuse	
	INTAKE ICICLE	1000 ml		1.4			<0.1			20.448		7000	
	OUTSIDE SC CANAL DISCHARGE											7200	
	UNDER BRIDGE DISCHARGE						<0.1					0	
	PA POND DISCHARGE	1000 ml		1			<0.1					0	
											TOTAL GPM ¹	14200	
	WEEK 4										ADULT POND 10 X 100'S 8 X 80'S NURSERY Trout Pond / FL'S	Reuse	
	INTAKE ICICLE	1000 ml		1.5			<0.1			20.448		7000	
	OUTSIDE SC CANAL DISCHARGE	1000ml										7200	
	UNDER BRIDGE DISCHARGE	1000 ml										0	
	PA POND DISCHARGE	1000 ml		<1			<0.1					0	
											TOTAL GPM ¹	14200	
	RELEASE/DRAWDOWN												
	ADULT POND	1000 ml											
	L 8x80 RACEWAYS	1000ml											
	10x100 RACEWAYS	1000ml											
	COHO FL's	1000 ml											

*When values are preceded by the "less than" symbol, I used the reported value in the calculation then added the (<) to the left of the calculated value

¹This amount includes well water

U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

OCT 15 2012

RECEIVED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME

U.S. DEPT. OF INTERIOR U.S. FISH
AND WILDLIFE SERVICE

ADDRESS Leavenworth National Fish Hatchery
12790 Fish Hatchery Rd
Leavenworth, WA 98826

FACILITY
LOCATION Leavenworth, WA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA-000190-2

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
12 4 1 TO 12 4 30



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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	27	27	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	N/A		Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	< 103	< 103	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A		1/Month	Comp.	
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT					60.1		ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	0.1	N/A			2/Month	Grab	
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT						< 1	MG/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	15*			2/Month	Grab	
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				< .1	< .1	< .1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	0.2			1/Week	Grab	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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Al Jensen Hatchery Manager, LNFH					509	548-7641	12	4	30		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Leavenworth, WA

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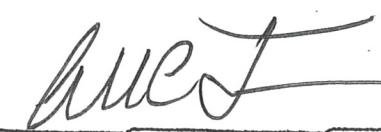
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YEAR			MO			DAY		
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	18.7	18.7	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	N/A		Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	< 71	< 71	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A		1/Month	Comp.	
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT					< 0.1		ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	0.1	N/A			2/Month	Grab	
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT						< 1	MG/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	15*			2/Month	Grab	
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT						< 0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A	N/A	N/A	0.2			1/Week	Grab	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	18.7	18.7	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	< 71	< 71	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT					< 0.1		ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT						1.1	MG/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				< 0.1	< 0.1	0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/Week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>					TELEPHONE		DATE			
Al Jensen Hatchery Manager, LNFH						509	548-7641	12	6	29	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U.S. DEPT. OF INTERIOR U.S. FISH
AND WILDLIFE SERVICE
ADDRESS Leavenworth National Fish Hatchery
12790 Fish Hatchery Rd
Leavenworth, WA 98826

FACILITY
LOCATION Leavenworth, WA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

WA-000190-2

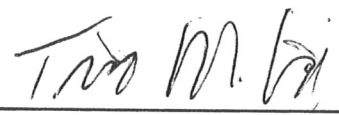
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 12 MO 3 DAY 1 TO YEAR 12 MO 3 DAY 30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	28	28	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<104	<104	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	<1	<1	MG/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/Week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH							509	548-7641	12	3	30
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

U.S. DEPT. OF INTERIOR U.S. FISH
AND WILDLIFE SERVICE

ADDRESS

Leavenworth National Fish Hatchery
12790 Fish Hatchery Rd
Leavenworth, WA 98826

FACILITY

LOCATION

Leavenworth, WA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved.
OMB No. 2040-0004

WA-000190-2

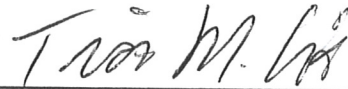
PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
12	2	1		12	2	29

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	26	29	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<110	<110	Kg/Day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	<1	<1	MG/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/Week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH							509	548-7641	12	2	29
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U.S. DEPT. OF INTERIOR U.S. FISH
AND WILDLIFE SERVICEADDRESS Leavenworth National Fish Hatchery
12790 Fish Hatchery Rd
Leavenworth, WA 98826FACILITY
LOCATION Leavenworth, WANATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)Form Approved.
OMB No. 2040-0004

WA-000190-2


PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
12	1	1	12	1	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	29	29	MGD							Total	
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily		
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<110	<110	Kg/Day								
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.	
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L				
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab	
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	<1	<1	MG/L				
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab	
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L				
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/Week	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH								509	548-7641	12	1	31
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Grab net over influent.



DATE: 04/12/12

PCS LIMITATIONS SUMMARY REPORT

PAGE 1

LIMITATION SUMMARY (LS) REPORT FOR SELECTED FACILITIES

*** FACILITY DATA ***

PERMIT NUMBER: WA0001902

PAGE: 1

FACILITY NAME: INTERIOR, FISH & WILDLIFE
CITY : LEAVENWORTH
COUNTY : CHELAN
REGION : 10 SUB-REGION: 07

MAJOR/MINOR : MINOR
ACTIVITY STATUS: ACTIVE
PERMIT ISSUED : 12/30/74
PERMIT EXPIRES : 08/31/79
SIC CODE : FISH HATCHERIES AND PRESERVES
TYPE OWNERSHIP : FEDERAL
RIVER BASIN : PN/COLUMBIA R-UPPER
COGN. OFFICIAL : DAN DAVIES, HATCHERY MANAGER

*** OUTFALL DATA ***

OUT- FALL	OUTFALL DESCRIPTION	ACTIVITY STATUS	REPORTS START	REPORT FREQ	TOTAL RPTS	INITIAL START	LIMITS END	INTERIM START	LIMITS END	FINAL START	LIMITS END
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*
*
* PERMIT: WA0001902 CONTAINS NO EFFLUENT DATA
*
*

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* ****  
* Permit Compliance System Report  
*  
* PLEASE REPORT ANY PROBLEMS TO:  
* PCS USER SUPPORT: (202) 564-7277 (PCSS) 8:00 AM - 4 PM ET  
* Email Address: PCS-SUPPORT@epa.gov  
*  
* ****  
*  
* IMPORTANT -- DO NOT RELEASE ENFORCEMENT SENSITIVE DATA  
*  
* PCS Enforcement Sensitive Data:  
* Inspection Schedules and referred Enforcement Actions that have not  
* been filed are considered enforcement sensitive and are not available  
* to the public.  
*  
* ****
```